

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 12, 2003

Re: IRO Case # M2-03-1712

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery and who had been admitted to the TWCC Approved Doctor List or has been approved as an exception to the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 38-year-old male who was in a motor vehicle accident on ___. He was thrown through a windshield, and he developed neck pain with headache. The headache extends to the temporal regions bilaterally, worse on the left side. A 6/2/01 MRI showed a C5-6 disk bulge with questionable herniation, but that extends to the right side. A 6/11/02 repeat MRI showed similar findings with C5-6 change extending to the right side. There was some thecal sac impingement, but no spinal cord deformity. There has been no neurologic deficit on examination. The patient had upper nerve root blocks in February 2002 without help.

Requested Service(s)

Anterior cervical discectomy with fusion at C5-6 with instrumentation

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

There is nothing on examination that corresponds to a problem at the C5-6 level of the cervical spine. Findings on the MRI do not suggest any distinct surgical lesion, and if any problem is present, it is more to the right than to the left, which does not correspond to the patient's symptomatology. It is not unusual to see a level of difficulty in the spine that is without symptomatology. To think that the finding that is present in this patient corresponds to the patient's symptoms is not justified.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 15th day of September 2003.